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CONFIRMATION NO. 7644

SERIAL NUMBER 10/608,203	FILING OR 371(c) DATE 06/27/2003 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. GAR03 P-103
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APPLICANTS

Tom Garrison, Spring Lake, MI;
 Robert Anderson, Coopersville, MI;

**** CONTINUING DATA *******

This appln claims benefit of 60/392,209 06/28/2002 *RL*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 09/24/2003

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 19	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

28101

TITLE

Wedge for use in dental restoration

FILING FEE RECEIVED 616	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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